



STATE OF GEORGIA TRAFFIC CRASH REPORT

Georgia State Patrol
Georgia Department of Public Safety
P.O. Box 1456
Atlanta, Georgia 30371-1456

Crash Number C000091379-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number	Reporting Agency CAD Number GSPC11CAD057997
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CRASH IDENTIFIERS

County of Crash FULTON	City or Place of Crash ATLANTA	<input checked="" type="checkbox"/> City Limits	Crash Date/Time 12/31/2011 04:39 PM	Reported Date/Time 12/31/2011 04:39 PM	Dispatched Date/Time 12/31/2011 04:39 PM
On Scene Date/Time 12/31/2011 04:39 PM	Cleared Scene Date/Time 12/31/2011 10:03 PM	Complete Date/Time 01/05/2012 08:06 AM	Reason (if Investigation Not Complete)	Source of Information LAW ENFORCEMENT AGENCY	

ROADWAY INFORMATION

Roadway Description for Location of Occurrence GA 154-MEMORIAL DRIVE	Distance to City or Place of Crash	Latitude N 33 44.8146	Longitude W 84 23.3061
Intersecting Roadway Description for Location of Occurrence CAPITOL AVENUE	Distance / Direction from Crash Location	<input type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time
Part of National Highway System NO	Roadway Functional Class Type URBAN	Roadway Functional Class Detail MINOR ARTERIAL	
Type of Shoulder CURB	Roadway Lighting CONTINUOUS LIGHTING BOTH SIDES	Roadway Bikeway Facility NONE	Signed Bicycle Route NOT APPLICABLE
Traffic Control Type at Intersection SIGNALS FULLY ACTUATED (MULTI-PHASE)	Mainline Number of Lanes at Intersection FOUR TO SIX LANES	Side Road Number of Lanes at Intersection FOUR TO SIX LANES	

CRASH INFORMATION

Light Condition DAYLIGHT	Weather Condition CLEAR	Roadway Surface Condition DRY	<input checked="" type="checkbox"/> Crash Pictures Taken
First Harmful Event Type COLLISION NON-FIXED OBJECT	First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT		

Total Counts	Vehicles 2	CMV 0	Motorists 5	Non-Motorists 0	Injured 4	Fatalities 1	Witnesses 4	Other Persons 0	Businesses 0	Violations 0
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First Harmful Event's Relation to Junction INTERSECTION	Is First Harmful Event within Interchange Area NO	Type of Intersection FOUR-WAY INTERSECTION
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Contributing Circumstances: Environment NONE	Contributing Circumstances: Environment NONE	Contributing Circumstances: Environment NONE
Contributing Circumstances: Road NONE	Contributing Circumstances: Road NONE	Contributing Circumstances: Road NONE
School Bus Related NO	Work Zone Related NO	Crash Location in Work Zone

VEHICLE V01

Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number [REDACTED]	Registration Expires [REDACTED]	<input checked="" type="checkbox"/> Permanent Registration	VIN [REDACTED]
Year 2008	Make DODGE	Model CHARGER	Style SEDAN	Color BLU	Body Type Category PASSENGER CAR
Special Function of Motor Vehicle in Transport POLICE	Emergency Motor Vehicle Use YES	Type of Bus Use NOT A BUS			
Owner First Name [REDACTED]	Owner Middle Name [REDACTED]	Owner Last Name [REDACTED]	Owner Suffix	Owner Business (if not Person) GEORGIA DEPT. OF PUBLIC SAFETY	
Address Other [REDACTED]		City [REDACTED]		State [REDACTED]	Zip Code [REDACTED]
Owner Phone Number [REDACTED]	Owner Phone Number (other) [REDACTED]	Insurance Company [REDACTED]	Insurance Policy Number [REDACTED]		

Vehicle Removal TOWED DUE TO DISABLING DAMAGE	Vehicle Towed By BUCKHEAD TOWING	Wrecker Selection Method ROTATION
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Direction of Travel Before Crash WESTBOUND	Speed: Estimated 25	Posted 25	Roadway Type UNDIVIDED HIGHWAY	Total Lanes 4	Roadway Horizontal Alignment STRAIGHT	Roadway Grade UPHILL
Trafficway Description TWO-WAY NOT DIVIDED	Traffic Control Device Type TRAFFIC CONTROL SIGNAL		Working Properly YES			

Roadway Description for Vehicle Travel GA 154-MEMORIAL DRIVE
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Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD	Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE	Damage Extent (for this vehicle) DISABLING DAMAGE
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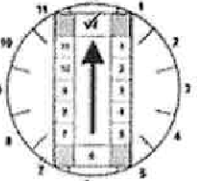
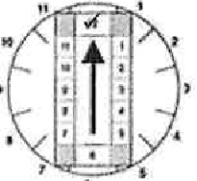
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT	1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT
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2nd Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT	2nd Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT
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3rd Sequence of Events Type (this vehicle) COLLISION WITH FIXED OBJECT	3rd Sequence of Events Detail (this vehicle) CURB
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Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT	Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT
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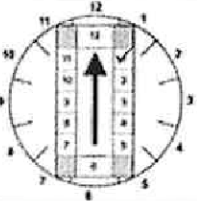
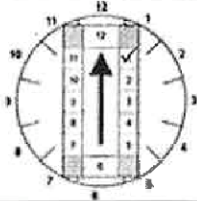
Contributing Circumstances 1 (this vehicle) NONE	Contributing Circumstances 2 (this vehicle) NONE
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Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown		Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown	
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Occupant Type DRIVER	Person Name (First Middle Last Suffix) DONALD C CROZIER	Injury Status NON FATAL INJURY
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VEHICLE V02

Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number [REDACTED]	Registration Expires 2012	<input type="checkbox"/> Permanent Registration	VIN [REDACTED]
Year 2008	Make FORD	Model EXPEDITION	Style MP	Color BLK	Body Type Category (SPORT) UTILITY VEHICLE
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NO	Type of Bus Use NOT A BUS			

Crash Number C000091379-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY			Reporting Agency Case Number		Reporting Agency CAD Number GSPC11CAD057997		
Owner First Name JEFFREY		Owner Middle Name LYNN		Owner Last Name PORTER		Owner Suffix		Owner Business (if not Person)	
Address [REDACTED]			Address Other			City [REDACTED]		State [REDACTED] Zip Code [REDACTED]	
Owner Phone Number		Owner Phone Number (other)		Insurance Company [REDACTED]		Insurance Policy Number [REDACTED]			
Vehicle Removal TOWED DUE TO DISABLING DAMAGE				Vehicle Towed By BUCKHEAD TOWING		Wrecker Selection Method ROTATION			
Direction of Travel Before Crash NORTHBOUND		Speed: 30	Estimated 30	Posted 30	Roadway Type UNDIVIDED HIGHWAY	Total Lanes 4	Roadway Horizontal Alignment STRAIGHT	Roadway Grade DOWNHILL	
Trafficway Description TWO-WAY NOT DIVIDED					Traffic Control Device Type TRAFFIC CONTROL SIGNAL			Working Properly YES	
Roadway Description for Vehicle Travel CAPITOL AVENUE									
Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD				Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE			Damage Extent (for this vehicle) DISABLING DAMAGE		
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT				1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT					
2nd Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT				2nd Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT					
3rd Sequence of Events Type (this vehicle) COLLISION WITH FIXED OBJECT				3rd Sequence of Events Detail (this vehicle) CURB					
4th Sequence of Events Type (this vehicle) COLLISION WITH FIXED OBJECT				4th Sequence of Events Detail (this vehicle) UTILITY POLE/LIGHT SUPPORT					
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT				Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT					
Contributing Circumstances 1 (this vehicle) NONE					Contributing Circumstances 2 (this vehicle) NONE				
Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown 					Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown 				
Occupant Type DRIVER PASSENGER PASSENGER PASSENGER		Person Name (First Middle Last Suffix) JEFFREY LYNN PORTER KATHY OSULLIVAN PORTER DAVID RAY PORTER COURTNEY ANNE WILLIAMS				Injury Status NON FATAL INJURY FATAL INJURY (K) NON FATAL INJURY NON FATAL INJURY			
DRIVER V01									
Person Type DRIVER		NM#		Vehicle# V01		Person Type Detail			
First Name DONALD		Middle Name C		Last Name CROZIER		Suffix		Date of Birth 1/1971	Age 40 Sex M
Address [REDACTED]			Address Other			City [REDACTED]		State [REDACTED] Zip Code [REDACTED]	
Phone Number [REDACTED]		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL					
Driver License Number		Class C	Expires [REDACTED]	State GA	Jurisdiction 02	Type NON-CDL DRIVER'S LICENSE		Status VALID LICENSE	
Drivers License Restrictions 1 NONE				Drivers License Restrictions 2 NONE			Drivers License Restrictions 3 NONE		
Driver Distracted By NOT DISTRACTED					Driver Vision Obstructions VISION NOT OBSCURED				
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) RAN RED LIGHT					Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE			<input type="checkbox"/> Seating Position Unknown		
Restraint Systems SHOULDER AND LAP BELT USED					Helmet Use				
Air Bag Deployed DEPLOYED-FRONT					Ejection NOT EJECTED				
Trapped Extrication NOT TRAPPED									
Injury Severity Level Type NON FATAL INJURY			Injury Severity Level Detail NON-INCAPACITATING (B)			Primary or Most Obvious of Body Area Injured During Crash LOWER EXTREMITY			
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID GRADY EMS		EMS Run Number 121919		Medical Facility Transported To GRADY MEMORIAL HOSPITAL			
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type BLOOD		Alcohol Test TEST GIVEN		Alcohol Test Result PENDING		BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type BLOOD		Drug Test TEST GIVEN		Drug Test Result PENDING			
DRIVER V02									
Person Type DRIVER		NM#		Vehicle# V02		Person Type Detail			
First Name JEFFREY		Middle Name LYNN		Last Name PORTER		Suffix		Date of Birth 1/1955	Age 56 Sex M
Address [REDACTED]			Address Other			City [REDACTED]		State [REDACTED] Zip Code [REDACTED]	
Phone Number [REDACTED]		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL					
Driver License Number [REDACTED]		Class C	Expires 1/2019	State GA	Jurisdiction 02	Type NON-CDL DRIVER'S LICENSE		Status VALID LICENSE	
Drivers License Restrictions 1 NONE				Drivers License Restrictions 2 NONE			Drivers License Restrictions 3 NONE		
Driver Distracted By NOT DISTRACTED					Driver Vision Obstructions VISION NOT OBSCURED				

Crash Number C000091379-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number	Reporting Agency CAD Number GSPC11CAD057997
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Driver Actions at Time of Crash 1 (based on judgement of investigation officer); NO CONTRIBUTING ACTION		Driver Actions at Time of Crash 2 (based on judgement of investigation officer); NO CONTRIBUTING ACTION	
Driver Actions at Time of Crash 3 (based on judgement of investigation officer); NO CONTRIBUTING ACTION		Driver Actions at Time of Crash 4 (based on judgement of investigation officer); NO CONTRIBUTING ACTION	
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat LEFT	Motor Vehicle Seating Position: Other NOT APPLICABLE	<input type="checkbox"/> Seating Position Unknown
Restraint Systems SHOULDER AND LAP BELT USED		Helmet Use	
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED	
Trapped Extrication NOT TRAPPED			
Injury Severity Level Type NON FATAL INJURY	Injury Severity Level Detail NON-INCAPACITATING (B)	Primary or Most Obvious of Body Area Injured During Crash UNSPECIFIED	
Source of Transport to Medical Facility EMS GROUND	EMS Agency Name or ID GRADY EMS	EMS Run Number 121926	Medical Facility Transported To GRADY MEMORIAL HOSPITAL
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Testec TEST NOT GIVEN	Alcohol Test Result BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Testec TEST NOT GIVEN	Drug Test Result

PASSENGER V02									
Person Type PASSENGER		NM#	Vehicle# V02	Person Type Detail					
First Name KATHY	Middle Name OSULLIVAN	Last Name PORTER		Suffix	Date of Birth /1957	Age 54	Sex F		
Address		Address Other		City		State	Zip Code		
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL					
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat RIGHT	Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown					
Restraint Systems SHOULDER AND LAP BELT USED		Helmet Use							
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED							
Trapped Extrication TRAPPED & EXTRICATED									
Injury Severity Level Type FATAL INJURY (K)		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash					
Source of Transport to Medical Facility OTHER		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To			
Injury Description (Type of injury inflicted to Primary or Most Obvious Body Area Injured during Crash. Can come from EMS / Hospital records). Kathy Porter was released to the Fulton County Medical Examiner's Office.									
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Testec TEST NOT GIVEN		Alcohol Test Result		BAC			
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Testec TEST NOT GIVEN		Drug Test Result					

PASSENGER V02									
Person Type PASSENGER		NM#	Vehicle# V02	Person Type Detail					
First Name DAVID	Middle Name RAY	Last Name PORTER		Suffix	Date of Birth /1992	Age 19	Sex M		
Address		Address Other		City		State	Zip Code		
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL					
Motor Vehicle Seating Position: Row SECOND	Motor Vehicle Seating Position: Seat LEFT	Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown					
Restraint Systems SHOULDER AND LAP BELT USED		Helmet Use							
Air Bag Deployed NOT APPLICABLE		Ejection NOT EJECTED							
Trapped Extrication NOT TRAPPED									
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)		Primary or Most Obvious of Body Area Injured During Crash UNSPECIFIED					
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID GRADY EMS		EMS Run Number 121926		Medical Facility Transported To GRADY MEMORIAL HOSPITAL			
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Testec TEST NOT GIVEN		Alcohol Test Result		BAC			
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Testec TEST NOT GIVEN		Drug Test Result					

PASSENGER V02									
Person Type PASSENGER		NM#	Vehicle# V02	Person Type Detail					
First Name COURTNEY	Middle Name ANNE	Last Name WILLIAMS		Suffix	Date of Birth /1993	Age 18	Sex F		
Address		Address Other		City		State	Zip Code		
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL					
Motor Vehicle Seating Position: Row SECOND	Motor Vehicle Seating Position: Seat RIGHT	Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown					
Restraint Systems SHOULDER AND LAP BELT USED		Helmet Use							
Air Bag Deployed NOT APPLICABLE		Ejection NOT EJECTED							
Trapped Extrication NOT TRAPPED									
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)		Primary or Most Obvious of Body Area Injured During Crash UNSPECIFIED					

Crash Number C000091379-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY		Reporting Agency Case Number		Reporting Agency CAD Number GSPC11CAD057997	
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID GRADY EMS		EMS Run Number 121924		Medical Facility Transported To GRADY MEMORIAL HOSPITAL	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Testec TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Testec TEST NOT GIVEN		Drug Test Result	
WITNESS							
Person Type WITNESS		NM#		Vehicle#		Person Type Detail	
First Name LIDIA		Middle Name MARIA		Last Name TORRES		Suffix	
Date of Birth 1986		Age 25		Sex F			
Address		Address Other		City		State Zip Code	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL			
WITNESS							
Person Type WITNESS		NM#		Vehicle#		Person Type Detail	
First Name VERSHONSKI		Middle Name DEWAYNE		Last Name ANDERSON		Suffix	
Date of Birth 1977		Age 34		Sex M			
Address		Address Other		City		State Zip Code	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL			
WITNESS							
Person Type WITNESS		NM#		Vehicle#		Person Type Detail	
First Name CURTIS		Middle Name JEROME		Last Name GRAY		Suffix	
Date of Birth 1961		Age 50		Sex M			
Address		Address Other		City		State Zip Code	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL			
WITNESS							
Person Type WITNESS		NM#		Vehicle#		Person Type Detail	
First Name SANDY		Middle Name ROSA		Last Name JONES		Suffix	
Date of Birth 1985		Age 26		Sex F			
Address		Address Other		City		State Zip Code	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL			
NARRATIVE: C000091379							

Vehicle 1, a Georgia State Patrol vehicle with all of its emergency equipment activated, was traveling west on GA 154 (Memorial Drive) in the left westbound lane responding to assist another trooper. Vehicle 2 was traveling north on Capitol Avenue in the left lane. The driver of vehicle 2 stated that the traffic signal at the intersection was green. At the time of this crash investigation, the driver of vehicle 1 could not recall any of the events that occurred during the crash or prior to the crash. Vehicle 1 and vehicle 2 entered the intersection. The front of vehicle 1 struck the front passenger's side of vehicle 2. After the first impact, vehicle 1 rotated clockwise and vehicle 2 rotated counterclockwise causing a secondary impact. The center driver's side of vehicle 1 struck the passenger's side of vehicle 2. The area of the first and second impact was within the intersection. After the first and second impact, vehicle 1 continued to rotate clockwise striking a curb on the southbound side of Capitol Avenue coming to an uncontrolled rest on Capitol Avenue in the right southbound lane facing north. The third area of impact for vehicle 1 was off the southbound side of Capitol Avenue. After the first and second impact, vehicle 2 continued to rotate counterclockwise and struck a curb on the southbound side of Capitol Avenue prior to entering a gore area. The third area of impact for vehicle 2 was off the southbound side of Capitol Avenue. After striking a curb, the driver's side of vehicle 2 began to elevate causing the driver's side front and rear tires to lose contact with the roadway surface. The passenger's side of vehicle 2 struck a light support coming to an uncontrolled rest facing south. The fourth area of impact for vehicle 2 was within the gore area.

During this crash investigation, the investigating trooper made contact with several subjects that witnessed the crash. The witnesses, Ms. Lidia Torres and Mr. DeWayne Vershonski, stated that they were traveling west on Memorial Drive and vehicle 1 approached from the rear of their vehicle. They advised that vehicle 1 activated its lights and passed their vehicle prior to the intersection at Memorial Drive and Capitol Avenue at a high rate of speed. They also advised that they observed the traffic signal being red and that vehicle 1 traveled around other vehicles that were stopped on Memorial Drive for the red traffic signal. They also advised that they observed vehicle 2 traveling through the intersection prior to vehicle 1 entering the intersection and making impact with vehicle 2. Another witness, Mr. Curtis Gray, stated that he was stopped in the right eastbound lane on Memorial Drive west of the intersection. He stated that he observed vehicle 2 traveling north through the intersection on Capitol Avenue. He also stated that he observed vehicle 1, with its lights activated, traveling around other vehicles that were stopped on Memorial Drive for the red traffic signal prior to making impact with vehicle 2 within the intersection.

According to the statements provided by the driver of vehicle 2 and the witnesses at the scene, the driver of vehicle 1 failed to use due regard when traveling through the intersection at Capitol Avenue and GA 154 (Memorial Drive) on a red traffic signal.

On 01/05/2012, Sgt. Harris #832 contacted the investigating trooper and advised that he made contact with another witness, identified as Ms. Sandy Jones. Sgt. Harris advised that Ms. Jones stated that she was stopped in the left eastbound lane on GA 154 (Memorial Drive). She advised that the traffic signal for GA 154 (Memorial Drive) was red and observed vehicle 1 approaching the intersection at a high rate of speed with its lights on. She also advised that vehicle 1 did not slow and entered the intersection and made impact with vehicle 2, which was the only vehicle traveling through the intersection at time of impact.

This crash investigation was audio/video recorded on DVD # [REDACTED]

The investigating trooper was able to obtain a partial audio/video recording of the events that occurred prior to the crash and audio recording after the crash from vehicle 1's in-car recording system. The investigating trooper was unable to obtain a video recording of the events that occurred during the crash, due to the damages vehicle 1 sustained during the crash.

Pictures of this crash were taken by Cpl Ensley #683 at the scene.

Vehicle 1's perm # 8151.

The investigating trooper was unable to obtain the odometer reading for vehicle 1.

A separate crash investigation is being conducted by SCRT Team #1. Any charges will be pending upon the completion of the SCRT investigation.

Crash Number
C000091379-01

Reporting Agency
GEORGIA DEPARTMENT OF PUBLIC SAFETY

Reporting Agency Case Number

Reporting Agency CAD Number
GSPC11CAD057997

REPORTING OFFICER

Reporting Officer Name
ENSLEY, J. L. CPL.
ID Number Rank
683 CPL.
Org / Unit
C-48

Signature

Cpl J L Ensley #683

APPROVING OFFICER (SUPERVISOR)

Approving Officer Name
BOWMAN, J. J. SFC
ID Number Rank
637 SFC
Org / Unit
C-48

Signature

SFC J J Bowman

DIAGRAM OF ACCIDENT

